

Attorney's Docket No. U010440-6

**PATENT**

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**COMBINED DECLARATION AND POWER OF ATTORNEY**  
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION OR C-I-P)

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As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: (check one applicable item below)

- ☐ original
- ☐ design
- ☐ supplemental

*NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.*

- ☐ national stage of PCT

*NOTE: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR C-I-P.*

- ☐ divisional
- ☒ continuation
- ☐ continuation-in-part (C-I-P)

**INVENTORSHIP IDENTIFICATION**

***WARNING:** If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.*

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

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MULTICOMPONENT CLOSTRIDIAL VACCINES USING SAPONIN ADJUVANTS

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### SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) ☐ is attached hereto.
- (b) ☒ was filed on September 29, 1995 as ☐ Serial No. 0 / EF389775541  
or ☒ Express Mail No., as Serial No. not yet known EF389775541  
and was amended on \_\_\_\_\_ (if applicable).

**NOTE:** Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- (c) ☐ was described and claimed in PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_ (if any).

### ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following items, if desired)

- ☐ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and
- ☐ In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

### PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☐ no such applications have been filed.
- (e) ☐ such applications have been filed as follows.

**NOTE:** Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION  
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES      NO <input type="checkbox"/>
			<input type="checkbox"/> YES      NO <input type="checkbox"/>
			<input type="checkbox"/> YES      NO <input type="checkbox"/>
			<input type="checkbox"/> YES      NO <input type="checkbox"/>
			<input type="checkbox"/> YES      NO <input type="checkbox"/>

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)  
(34 U.S.C. § 119(e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

**PROVISIONAL APPLICATION NUMBER**

**FILING DATE**

\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S)  
UNDER 35 U.S.C. 120**

- ☒ The claim for the benefit of any such applications are set forth in the attached ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART (C-I-P) APPLICATION.

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

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**NOTE:** *If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR C-I-P APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.*

**POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*List name and registration number*)

PAUL B. WEST, 18947  
JOSEPH H. HANDELMAN, 26179  
JOHN RICHARDS, 31053  
JOHN J. CRYSTAL, 26360  
RICHARD J. STREIT, 25765  
ALAN K. ROBERTS, 17777  
S. DEVALLE GOLDSMITH, 14383

PETER D. GALLOWAY, 27885  
IAIN C. BAILLIE, 24090  
THOMAS F. PETERSON, 24790  
RICHARD P. BERG, 28145  
JULIAN H. COHEN, 20302  
WILLIAM R. EVANS, 25858  
JANET I. CORD, 33778

*(check the following item, if applicable)*

- ☐ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:  
(*Name and telephone number*)

LADAS & PARRY  
26 WEST 61ST STREET  
NEW YORK, NEW YORK 10023

(212)708-1930

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**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

ROBERTS

S.

David

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature

Date 5 January 1996 Country of Citizenship USA

Residence LINCOLN, NEVEDA

Post Office Address 1020 ROCKHURST DRIVE, LINCOLN NEVADA 68510

Full name of second joint inventor, if any

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature

Date Country of Citizenship

Residence

Post Office Address

Full name of third joint inventor, if any

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature

Date Country of Citizenship

Residence

Post Office Address

(check proper box(es) for any of the following added page(s) that form a part of this declaration)

- ☐ Signature for fourth and subsequent joint inventors. Number of pages added \_\_\_\_\_

\* \* \*

- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added \_\_\_\_\_

\* \* \*

- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added \_\_\_\_\_

\* \* \*

- ☐ Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time (37 CFR 1.47).

\* \* \*

- ☒ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.

☒ Number of pages added 3

\* \* \*

- ☐ Authorization of attorney(s) to accept and follow instructions from representative.

\* \* \*

(if no further pages form a part of this Declaration, then end this Declaration with this page and check the following item)

- ☐ This declaration ends with this page.

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Attorney's Docket No. \_\_\_\_\_

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF  
ATTORNEY FOR DIVISIONAL, CONTINUATION OR C-I-P APPLICATION**

*(complete this part only if this is a divisional, continuation or C-I-P application)*

**CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S)  
UNDER 35 U.S.C. 120**

I hereby claim the benefit, under Title 35, United States Code, § 120, of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information

- ☒ that is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

*(also check the following item, if desired)*

☐ and that is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, that occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

*(also check the following item, if desired)*

- ☐ In compliance with this duty, there is attached an information disclosure statement in accordance with 37 C.F.R. 1.98.

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC 120:					
U.S. APPLICATIONS			Status (check one)		
U.S. APPLICATIONS	U.S. FILING DATE		Patented	Pending	Abandoned
1. 0 / _____					
2. 0 / _____					
3. 0 / _____					
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLI- CATION NO.	PCT FILING DATE	U.S. APPLICATION NOS. ASSIGNED (if any)			
PCT/US94/ 4.03395	Mar. 29, 1993	0 / _____			
5. _____		0 / _____			
6. _____		0 / _____			



**35 USC 119 PRIORITY CLAIM, IF ANY,  
FOR ABOVE LISTED U.S./PCT APPLICATIONS**

ABOVE APPLICATION NO.	DETAILS OF FOREIGN APPLICATION FROM WHICH PRIORITY CLAIMED UNDER 35 USC 119		
	Country and Application No.	Date of filing (day, month, year)	Date of issue (day, month, year)
1.			
2.			
3.			
4.	U.S. 08/038,428	Mar. 29, 1993	
5.			
6.			

Please type a plus sign (+) inside this box →

+

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	Attorney Docket Number	PC9047B
	First Named Inventor	David S. Roberts
	<b>COMPLETE IF KNOWN</b>	
	Application Number	08/536,970
	Filing Date	September 29, 1995
	Group Art Unit	1641
<input type="checkbox"/> Declaration submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e)) required)	Examiner Name	V. Portner

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTICOMPONENT CLOSTRIDIAL VACCINES USING SAPONIN ADJUVANTS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 09/29/95 as United States Application Number or PCT International

Application Number 08/536,970 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.

Please type a plus sign (+) inside this box →

+

**DECLARATION ---- Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US94/03395	03/29/94	
08/038,428	03/29/93	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number  
or

Place Customer  
Number Bar Code  
Label here

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Peter C. Richardson	27,526	Mark Dryer	28,775
Allen J. Spiegel	25,749	Lawrence C. Akers	28,587
Paul H. Ginsburg	28,718	A. Dean Olson	31,185
J. Trevor Lumb	28,567	Mervin E. Brokke	32,723
James T. Jones	30,561	Valerie M. Fedowich	33,688
Gregg C. Benson	30,977	Bryan C. Zielinski	34,462
Robert F. Sheyka	31,304	Robert T. Ronau	36,257
Grover F. Fuller Jr.	31,760	B. Timothy Creagan	39,156
Karen DeBenedictis	32,977	Alan L. Koller	37,371
Phillip C. Strassburger	34,258	Jolene W. Appleman	35,428
Lorraine B. Ling	35,251	Kristina L. Konstas	37,864
Garth Butterfield	36,997	Kenneth B. Rubin	36,259
Carl J. Goddard	39,203	Seth H. Jacobs	32,140
Raymond M. Speer	26,810	Martha A. Gammill	31,820
Jennifer A. Kispert	40,049	Gregory P. Raymer	36,647
Jacob M. Levine	32,509	E. Victor Donahue	35,492
Israel Nissenbaum	27,582	Roy F. Waldron	42,208

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name	Paul H. Ginsburg				
Address	Pfizer Inc				
Address	235 East 42nd Street, 20th Floor				
City	New York	State	New York	Zip Code	10017-5755
Country	United States Of America	Telephone	(212)573-2369	Fax	(212)573-1939

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname				
David S.	Roberts				
Inventor's Signature					Date
Residence: City	Philadelphia	State	PA	Country	USA
Post Office Address	604 Washington Square South, Apt. 303				
Post Office Address					
City	Philadelphia	State	PA	Zip	19106
				Country	USA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

+

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Don A.				Dearwester			
Inventor's Signature	<i>Don A. Dearwester</i>					Date	7-30-99
Residence: City	Westerly	State	RI	Country	USA	Citizenship	USA
Post Office Address	Pfizer Inc.						
Post Office Address	Eastern Point Road						
City	Groton	State	CT	Zip	06340	Country	USA